Corporate Compliance Report

Audit & Compliance Committee of the Board of Directors

March 15, 2019

COOK COUNTY HEALTH

Meeting Objectives

Review

Background & Metrics

- Organizational Chart
- Year-Over-Year Comparison
- Metrics
  - Cook County Health as a Provider of Health Care Services
    - Provider Annual Report
  - CountyCare Medicaid Health Plan
    - CountyCare Annual Report

Action

- Annual Education (4-Required Modules)

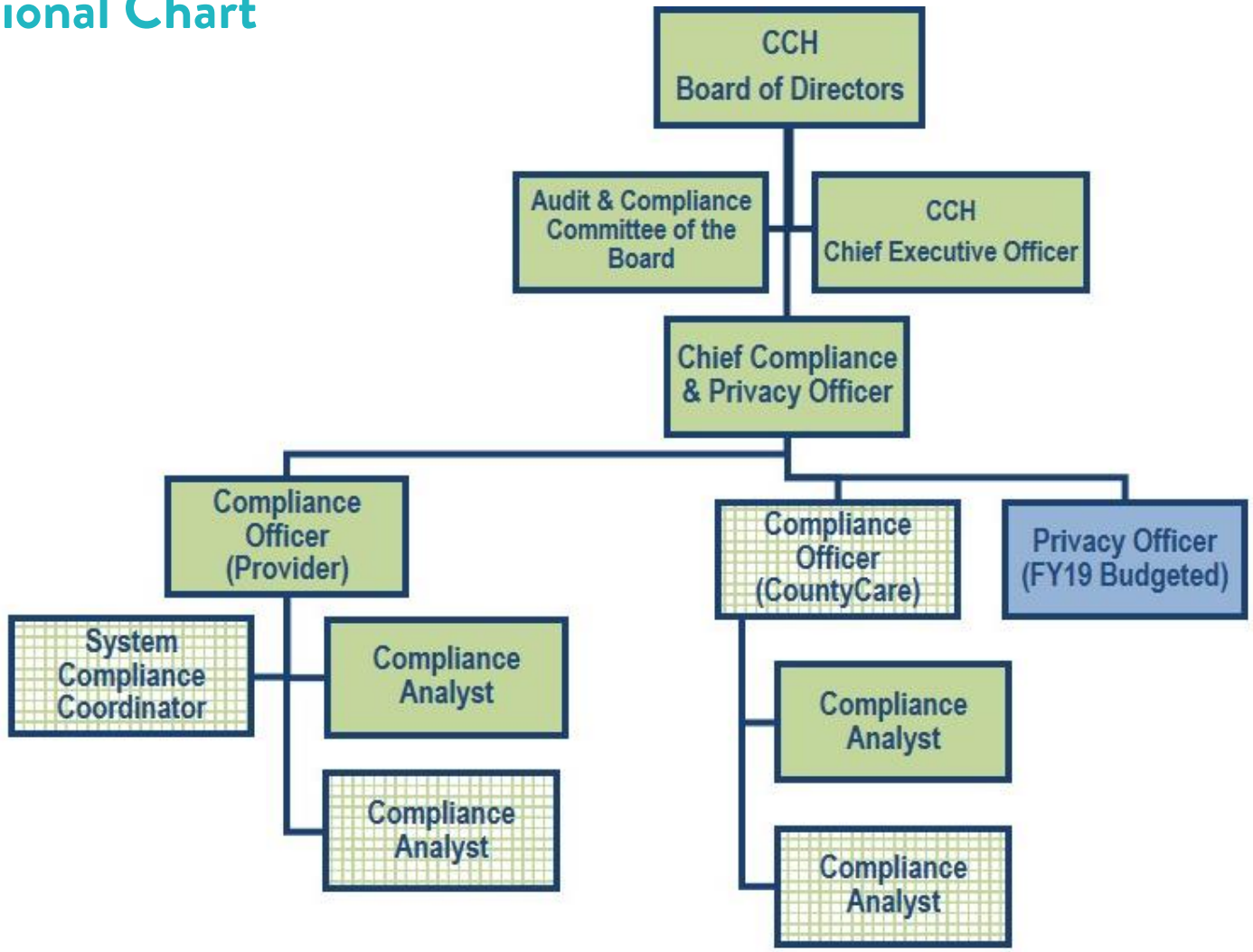
Corporate Compliance

Background

COOK COUNTY HEALTH

CCH Corporate Compliance Staffing

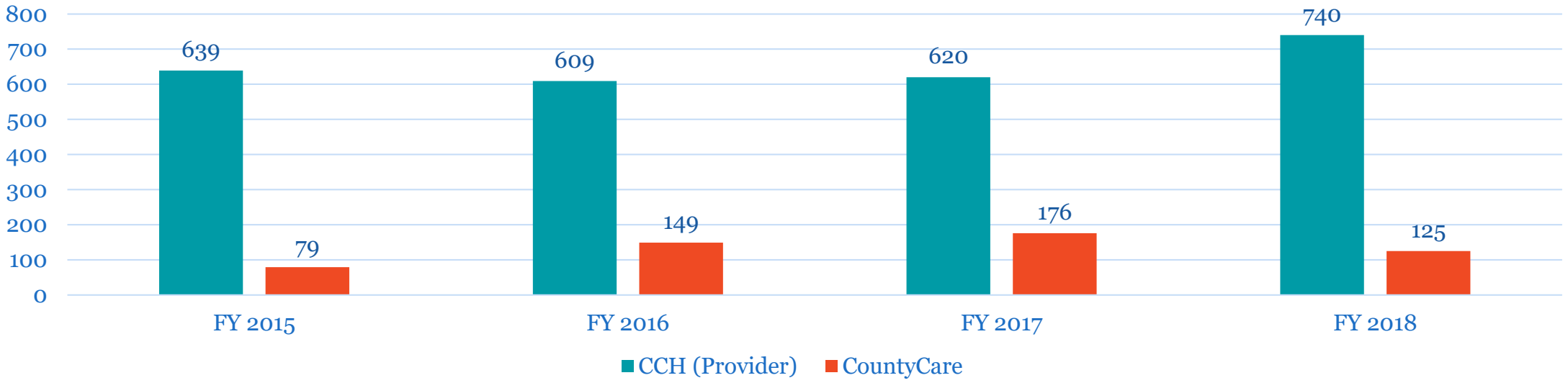
2018 Organizational Chart



COOK COUNTY HEALTH

Year-Over-Year Contacts

Separating out CCH as a Provider of Care and as the CountyCare Health Plan



COOK COUNTY HEALTH

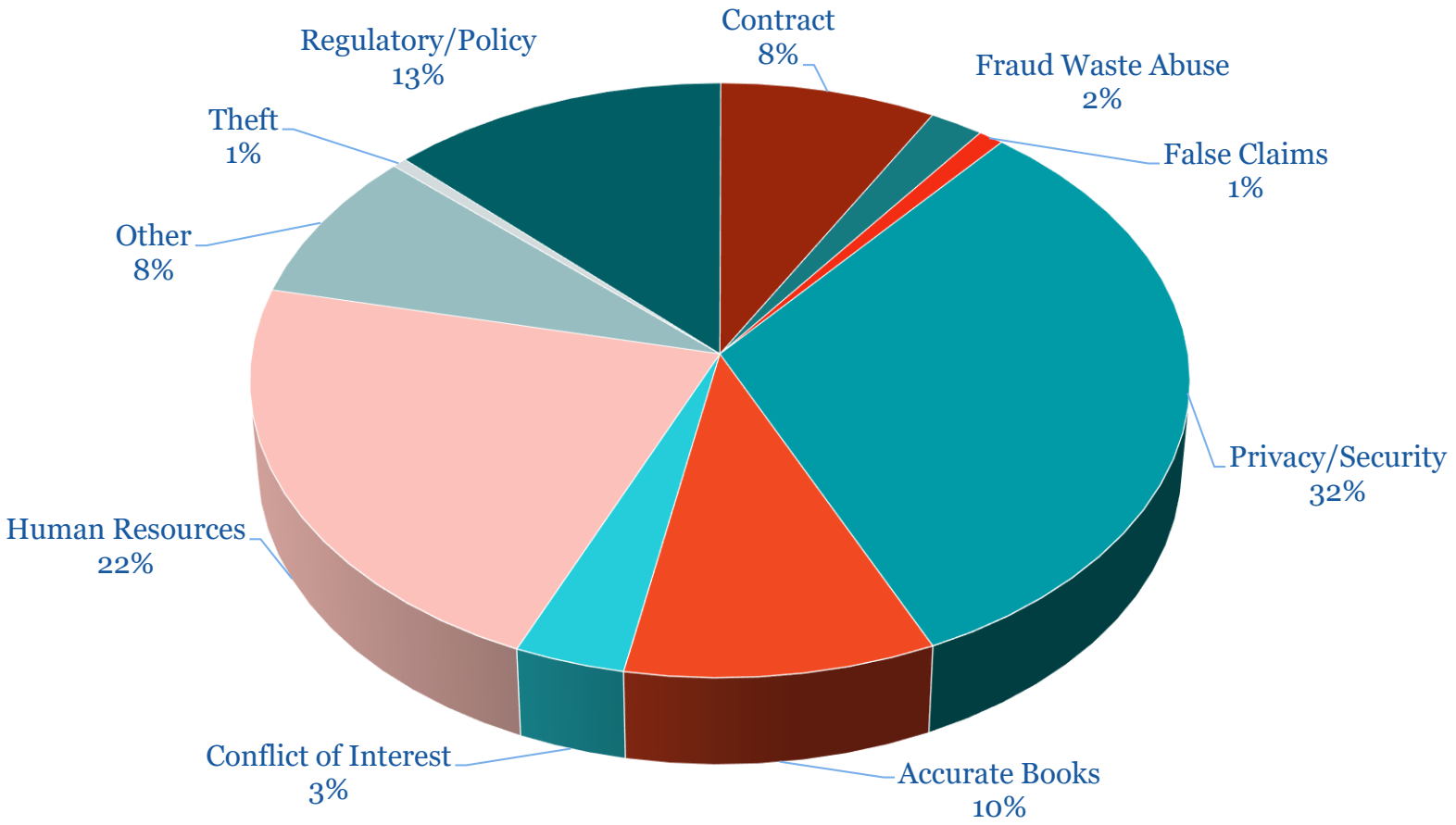
Metrics

Cook County Health as a Provider of Care

COOK COUNTY HEALTH

2018 Contacts by Category

CCH as a Provider of Care

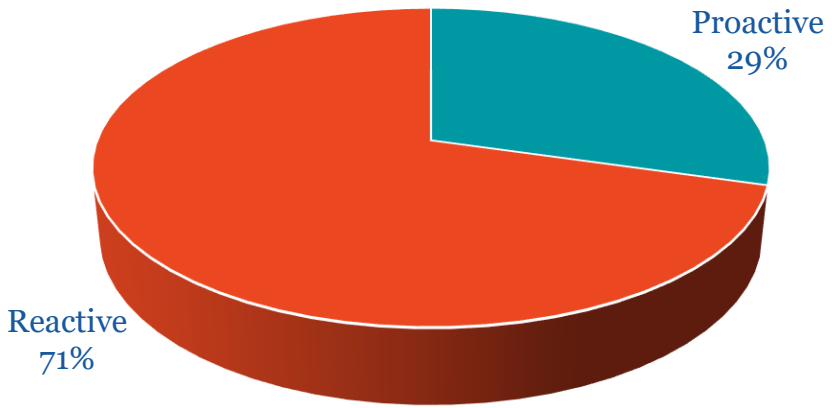


Categories	
Privacy/Security (HIPAA)	237
Human Resources	163
Regulatory/Policy	94
Accurate Books	73
Contracts	60
Conflict of Interest	26
Fraud Waste & Abuse	15
False Claims	7
Theft	4
Other	61
	740

2018 Proactive vs. Reactive Activity

CCH as a Provider of Care

- Reactive activities are unanticipated contacts, queries, or concerns.
- Proactive activities anticipate possible issues.

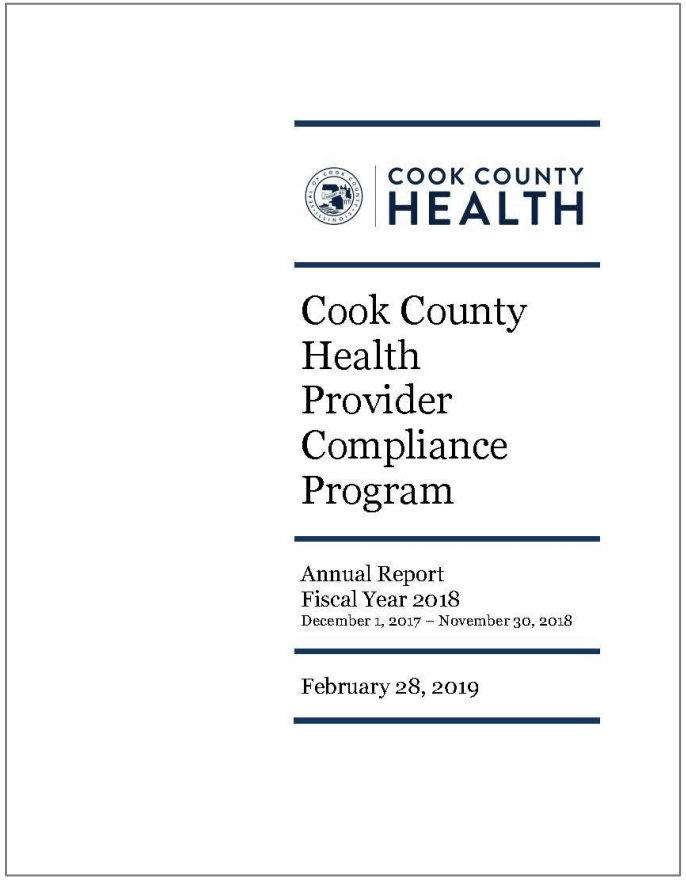


While proactive activity is optimal, reactive activity is not viewed negatively by Corporate Compliance. A majority of reactive contacts indicate awareness of the Compliance Program as an organizational resource.

COOK COUNTY HEALTH

Annual Report

CCH as a Provider of Care

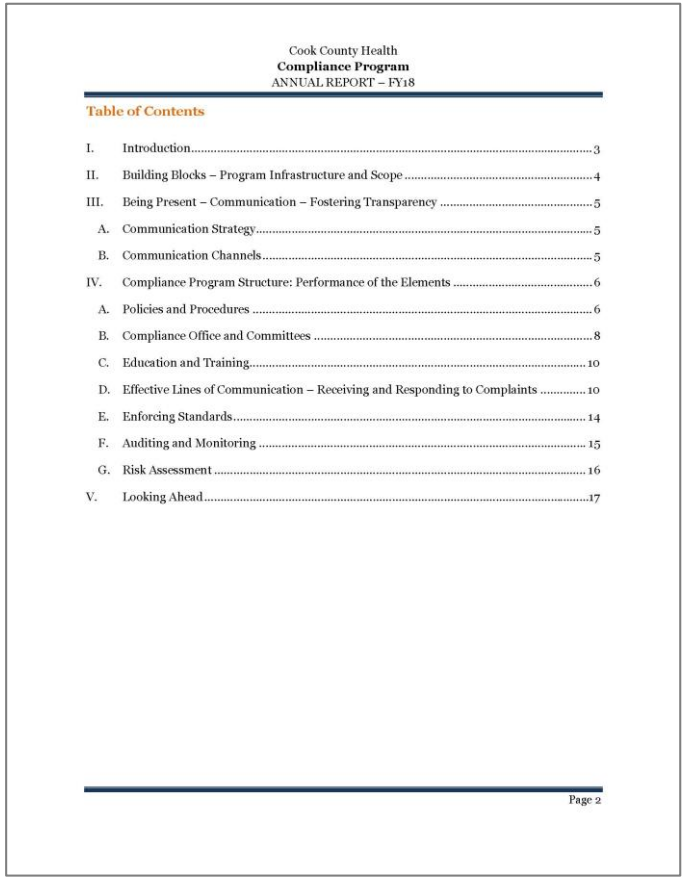


COOK COUNTY HEALTH

Cook County Health Provider Compliance Program

Annual Report
Fiscal Year 2018
December 1, 2017 – November 30, 2018

February 28, 2019



Cook County Health
Compliance Program
ANNUAL REPORT – FY18

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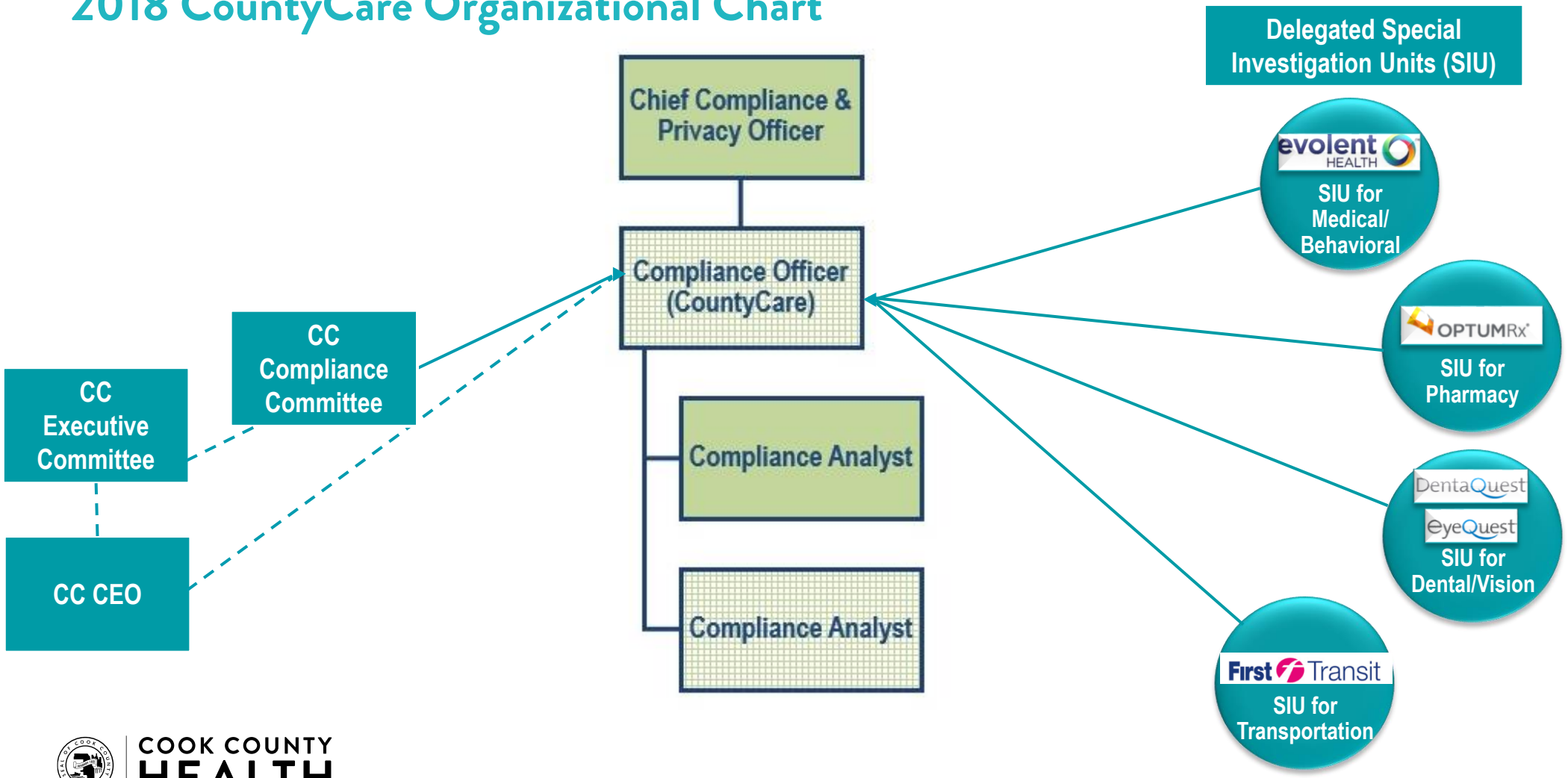
Metrics

CountyCare Health Plan

COOK COUNTY HEALTH

CCH Corporate Compliance Staffing

2018 CountyCare Organizational Chart



Fraud, Waste and Abuse Metrics

State Fiscal Year (S-FY) 2018 through S-FY19 Q1

S-FY	Reporting Quarter	Tips	Preliminary Investigations	Full Investigations	Referrals to HFS OIG	Provider Audits	Overpayments Identified *2	Overpayments Collected
18	Q1 07/01 -09/30/17	1	11	3	3	3	$ 97,910.84	$ 2,574.00
18	Q2 10/01 – 12/31/17	2	8	9	1	1	$ 201,038.64	$ 2,961.36
18	Q3 01/01 – 03/31/18 *1	70	5	15	2	103	$ 457,245.29	$ 6,097.85
18	Q4 04/01 – 06/30/18	6	5	9	2	57	$2,305.959.74	$ 28,216.99
19	Q1 07/01 -09/30/18	15	34	11	0	173	$ 694,801.54	$ 44,385.25

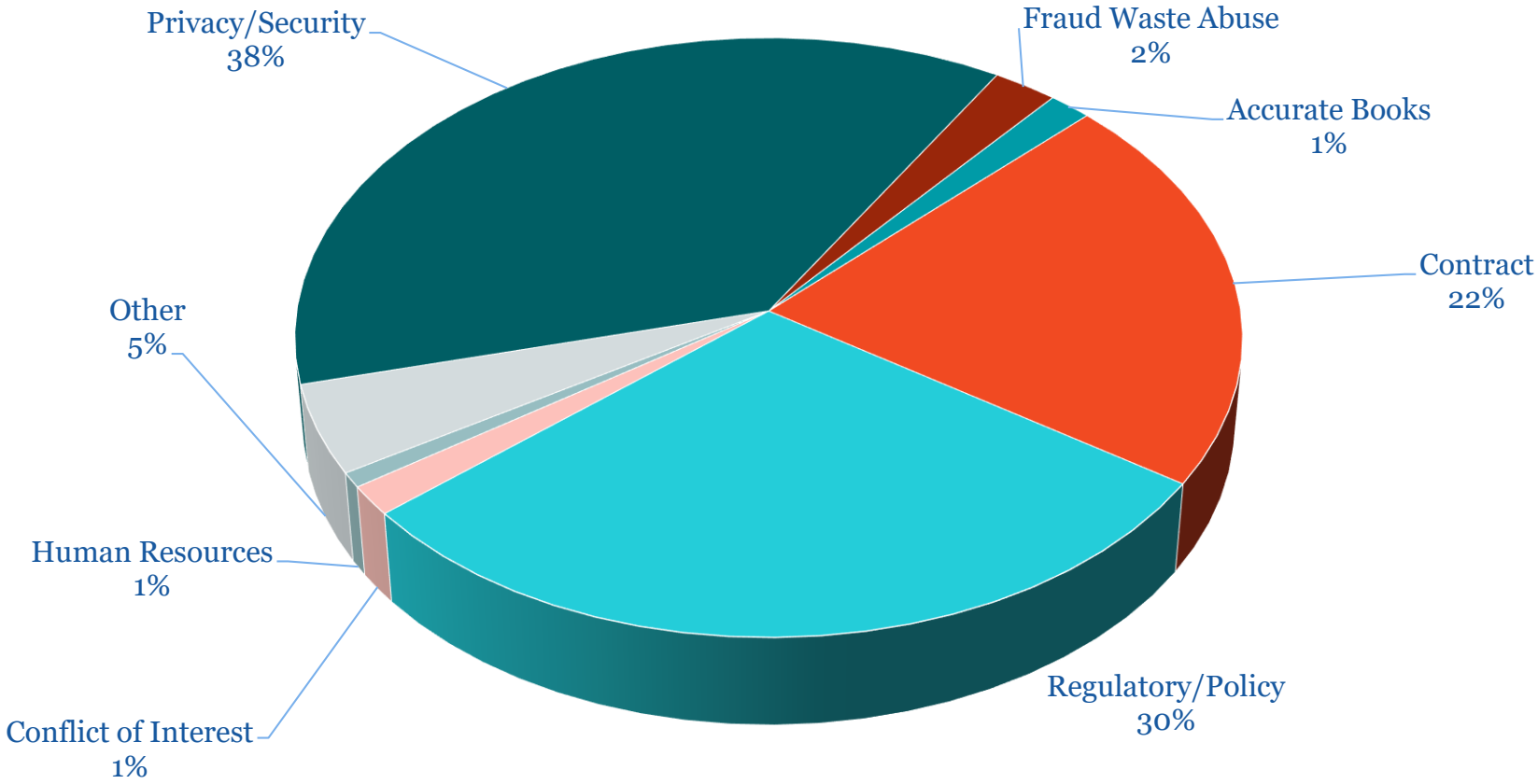
*1 The 3rd Quarter S-FY 18 was significant for CountyCare Compliance. Evolent, CountyCare's TPA for medical and behavioral health hired two (2) local investigators dedicated solely to program integrity efforts. This dedicated team partnered with a data analytics firm to review claims for anomalies. The result of this activity is apparent in the metrics above.

*2 The Overpayments Identified column indicates the total amount paid to the provider for the identified inaccurate codes. These amounts may be offset if a provider elects to bill a corrected claim.

Example: The highest level clinic visit is billed to the health plan, reimbursement is $48, the medical record is reviewed and the documentation validates a lower level. The "Overpayment Identified" is $48, however the provider may rebill a lower level and expect corresponding reimbursement of $28.35. This category does not account for the net recovery of $19.65.

2018 Contacts by Category

CountyCare Health Plan

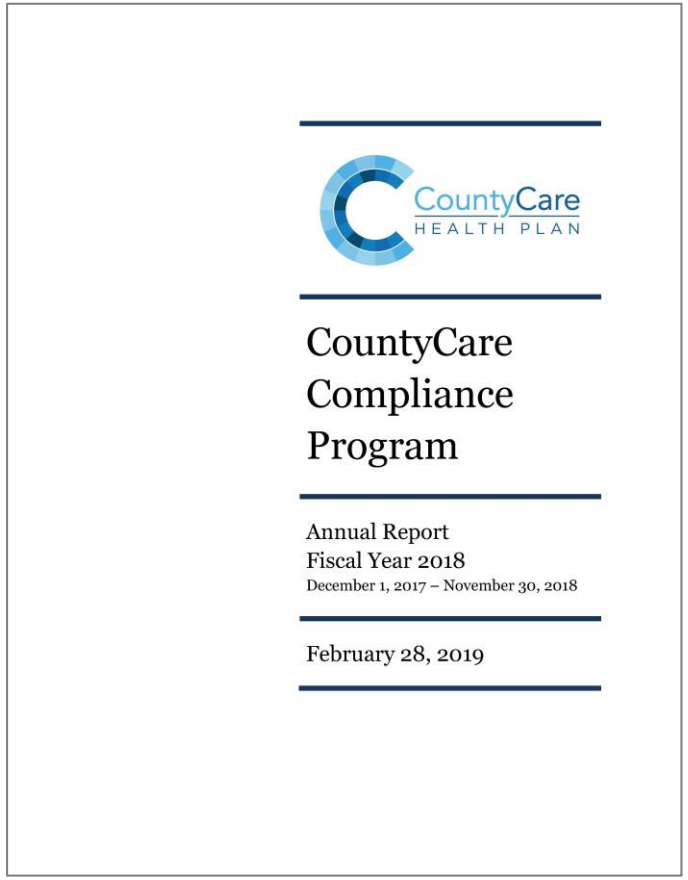


Categories	
Privacy/Security (HIPAA)	47
Regulatory/Policy	37
Contracts	27
Fraud Waste & Abuse	3
Conflict of Interest	2
Accurate Books & Records	2
Human Resources	1
Other	6
	125

COOK COUNTY HEALTH

Annual Reports

CountyCare Health Plan



CountyCare HEALTH PLAN

CountyCare Compliance Program

Annual Report
Fiscal Year 2018
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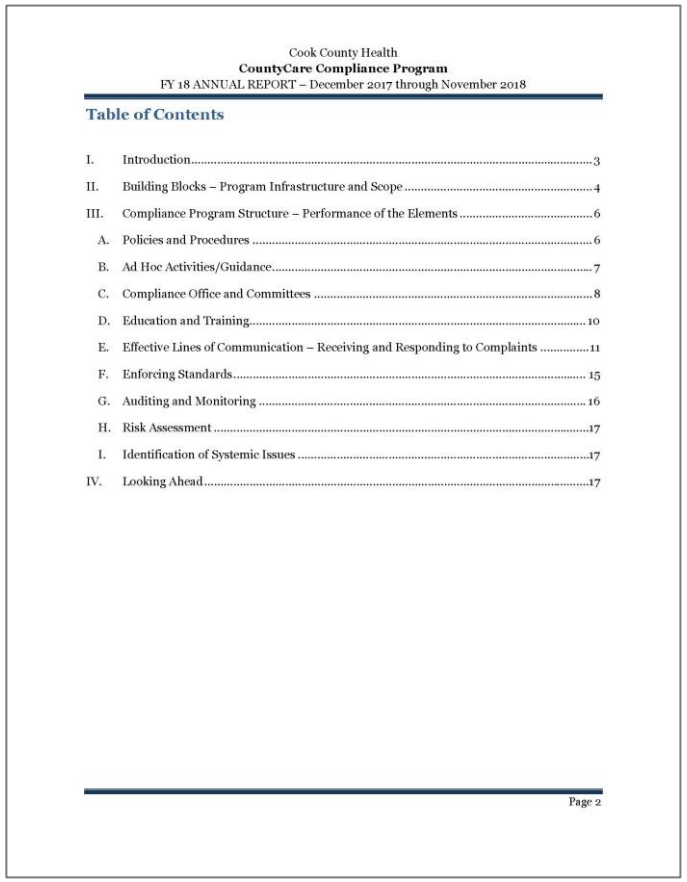

Cook County Health
CountyCare Compliance Program
FY 18 ANNUAL REPORT – December 2017 through November 2018

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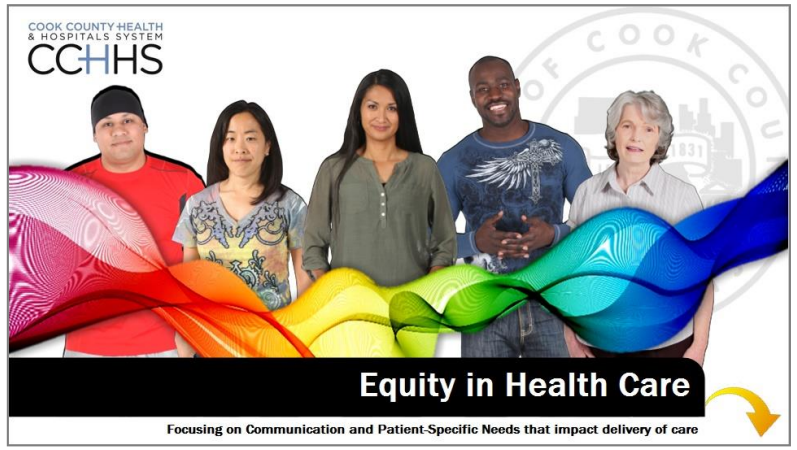
Annual Education

COOK COUNTY HEALTH

Annual Requirement



Questions?

COOK COUNTY HEALTH